

WESTCHESTER FIRE INSURANCE COMPANY

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT – ALASKA

This endorsement modifies insurance provided under the following:

PET HEALTH INSURANCE POLICY

- A. Section **I INSURING AGREEMENT, Item 5) MONTHLY PREMIUM** is replaced by the following:
 - 5) **MONTHLY PREMIUM:** Your monthly premium is set forth on **your declarations page**.
- B. Section **III GENERAL CONDITIONS, Item 1)** is replaced by the following:
 - 1) Premium is payable monthly by Direct Debit or by charge to **your** credit card, according to the option selected by **you** on the application. This **policy** is continued until cancelled, and will renew automatically each month as long as premium payments are current. When **you** have not paid the premium, **we** may cancel this **policy** in accordance with **ADDITIONAL CONDITIONS, Item 2)**. No coverage will be provided for any claim with a date of **veterinary treatment** between the premium due date and the cancellation date, unless the premium payments are current.
- C. Section **III GENERAL CONDITIONS, Item 9)** is replaced by the following:
 - 9) The loss is payable within sixty (60) days after completion of the claim form; provided that the undisputed part of a claim will be paid within thirty (30) working days after **we** receive **your** claim form, even if other parts of the claim remain in dispute.
- D. Section **IV ADDITIONAL CONDITIONS, Item 1) MISREPRESENTATION AND FRAUD** is replaced by the following:
 - 1) **MISREPRESENTATION AND FRAUD** – This **policy** will be rescinded if **you** have concealed or misrepresented any material fact or circumstance concerning this insurance or the **pet** covered. Such misrepresentation shall be grounds for rescission if:
 - a. Fraudulent;
 - b. Material either to the acceptance of the risk, or to the hazard assumed by **us**; or
 - c. **We** in good faith would either not have issued this **policy** or would not have issued this **policy** in as large an amount, or at the same premium or rate, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to **us** as required either by the application for the **policy** or otherwise.
- E. Section **IV ADDITIONAL CONDITIONS, Item 2) CANCELLATION** is replaced by the following:
 - 2) **CANCELLATION**
 - a. **We** may cancel this **policy** only for the reasons stated in (1) below by letting **you** and, if **you** are 70 years of age or older, any person **you** designated to **us** in writing, know in writing of the date cancellation takes effect. This cancellation notice will be mailed to **you** at **your** address last known to **us**, and **we** will obtain a certificate of mailing; or provided to **you** electronically if **we** have **your** consent and agreement on file to receive documents electronically at **your** last known electronic

address, and **we** will obtain an electronic confirmation of receipt by **you**. Proof of mailing will be sufficient proof of notice.

(1) **We** may cancel for:

- (a) Nonpayment of premium;
- (b) Conviction of **you** of a crime having as one of its necessary elements an act increasing a hazard insured against;
- (c) Discovery of material fraud or misrepresentation made by **you** or **your** representative in obtaining the insurance or by **you** in pursuing a claim under the **policy**;
- (d) Discovery of a grossly negligent act or omission by **you** that substantially increases the hazards insured against; or
- (e) Physical changes in **your pet** that result in **your pet** becoming uninsurable.

(2) **We** may cancel by letting **you** and, if **you** are 70 years of age or older, the person **you** designated to **us** in writing, know at least:

(a) Ten (10) days before the date cancellation takes effect if we cancel for:

- (i) Conviction of **you** of a crime having as one of its necessary elements an act increasing a hazard insured against; or
- (ii) Discovery of fraud or material misrepresentation made by **you** or **your** representative in obtaining the insurance or by **you** in pursuing a claim under the **policy**;

(b) Twenty (20) days before the date cancellation takes effect if **we** cancel for nonpayment of premium; or

(c) Thirty (30) days before the date cancellation takes effect if **we** cancel for any other reason.

b. **You** may cancel this **policy** at any time by notifying **us** in writing via regular mail, fax or email. This is in accordance with the provisions of III. **GENERAL CONDITIONS 2**).

c. If this **policy** is cancelled, earned premium will be computed pro rata. If we cancel this **policy**, any unearned premium will be refunded to **you** within forty-five (45) days after notice of cancellation is given. If **you** cancel this **policy**, any earned premium will be refunded to **you** within forty-five (45) days of receipt of a request for cancellation or the effective date of cancellation, whichever is later.

F. The following is added to Section **IV ADDITIONAL CONDITIONS**:

NOTICE OF PREMIUM OR COVERAGE CHANGES UPON RENEWAL

If the renewal premium is increased more than ten percent (10%) for a reason other than an increase in **coverage**, or if after renewal there will be a material restriction or reduction in **coverage** not specifically requested by **you**, **we** will mail written notice to **you** and to the agent or broker of record at least twenty (20) days before the monthly renewal date of this **policy**. This notice will be mailed to **you** at **your** address last known to **us**, and **we** will obtain a certificate of mailing; or provided to **you** electronically if **we** have **your** consent and agreement on file to receive documents electronically at **your** last known electronic address, and **we** will obtain an electronic confirmation of receipt by **you**. Proof of mailing will be sufficient proof of notice.

All other terms and conditions remain unchanged.

Authorized Representative